

S. No. 2  
M-2-43  
5-17-39  
1 X 2-37

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36218

State File No. \_\_\_\_\_

Registrar's No. **9698**

NOV 18 1943

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Evans to Home S. Phillips Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life 3 (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME William Randel Caswell

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 23 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 5 7 30 hr. min.

9. Birthplace St Louis Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None  
12. Name Chester Caswell

13. Birthplace Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Walker

15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Caswell

(b) Address 206 so 23 rd

17. (a) Buried (b) Date thereof 11-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen of Peace

18. (a) Signature of funeral director J. W. Hughes  
(b) Address 2620 Lawton  
Nov 5 (c) Date received local registration 10/1/43  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 206 so 23 rd st  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1943 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull  
Subdural hemorrhage of Brain  
When he stumbled and fell under  
a tractor trailer being operated  
by Joseph Anthony Lucin in the  
due to falling in rear of 206 so 23 rd st  
about 12 Pm November 2-1943  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy N

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Unavoidable Accident

(b) Date of occurrence 11-2-43

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
Public Place  
While at work? No (Specify type of place)  
(e) Means of injury Truck

23. Signature Dr. J. F. Braddock (M. D. or other) \_\_\_\_\_  
Address Repts. Room Date signed 11/3/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

3321

P. O. Address

St Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**